

Please note the application may be revised again during the NAIC 2002 Summer National Meeting. To ensure you are filing the current version of the application and that the application is complete, please reference the National Insurance Producer Registry web site at [www.licenseregistry.com](http://www.licenseregistry.com).

## Uniform Application for Business Entity Non-Resident License/Registration

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any name under which you are doing business		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip or Foreign Country
⑭ Phone Number ( ) -		⑮ Fax Number ( ) -		⑯ Business Web Site Address	
⑰ Business E-Mail Address		⑱ Mailing Address		⑲ P.O. Box	⑳ City
㉑ State		㉒ Zip or Foreign Country			
<b>Designated/Responsible Licensed Producer</b>					
㉓ Identify at least one Designated/Responsible Licensed Producer: <i>(See Matrix of State Requirements at <a href="http://www.licenseregistry.com">www.licenseregistry.com</a> for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)</i>					
Name _____ SSN _____ - -					
Name _____ SSN _____ - -					
Name _____ SSN _____ - -					
Name _____ SSN _____ - -					
<b>Owners, Partners, Officers and Directors</b>					
㉔ Identify all owners, partners, officers and directors of the business entity:					
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	
Name _____		Title _____		SSN/FEIN _____ - -	

(State Use)

**Jurisdiction and Type of License/Registration Requested**

(25) Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    LLP – Limited Liability Partnership

**License/Registration Types :** A – Agent    B – Broker    P – Producer    SLP – Surplus Lines Producer    Y – Agency/Firm

**Lines of Authority:** V – Variable Life/Variable Annuity    L – Life    H – Accident & Health or Sickness    P – Property    C – Casualty    PL – Personal Lines

CP – Credit Products    O – Other

Legal Business Type					License/Registration Type					Jurisdiction	Lines of Authority								
C	P	S	LLC	LLP	A	B	P	SLP	Y		V	L	H	P	C	PL	CP	O	
										AK									
										AL									
										AR									
										AZ									
										CA									
										CO									
										CT									
										DC									
										DE									
										FL									
										GA									
										GU									
										HI									
										IA									
										ID									
										IL									
										IN									
										KS									
										KY									
										LA									
										MA									
										MD									
										ME									
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										NM									
										NV									
										NY									
										OH									
										OK									
										OR									
										PA									
										PR									
										RI									
										SC									
										SD									
										TN									
										TX									
										UT									
										VA									
										VI									
										VT									
										WA									
										WI									
										WV									
										WY									

### Background Information

Ⓒ Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

**Applicants Certification and Attestation**

27 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

**Notary**

28 Complete this section only if you are applying for licensure/registration in one or more of the required states. (Arizona, Arkansas, Delaware, Kentucky, Louisiana, Mississippi, Missouri, Montana, Oklahoma)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

**Attachments**

29 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Original Letter of Certification from the resident license/registration jurisdiction dated within 90 days of application (copies of your resident license/registration are not acceptable)
2. Any jurisdiction specific attachments listed in the Matrix of State Requirements

**Must be signed by an officer, director, principal  
or partner of the business entity:**

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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